

**CITY OF DURHAM**

DEPARTMENT OF PARKS & RECREATION  
400 CLEVELAND STREET \* DURHAM, NC 27701  
919.560.4355 \* fax 919.560.4021  
www.ci.durham.nc.us



Mailing Address:  
101 CITY HALL PLAZA \* DURHAM, NC 27701

## NOTIFICATION AND RELEASE - Volunteer City of Durham Parks and Recreation

Company ID: 11517

**Account Manager: Beverly Miller**

The information contained in my proposed service contract with The City of Durham Parks and Recreation Department (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the proposed contract or any related documents which is deemed material by The Company shall result in The Company not contracting me or, if contracted, terminating my service contract.

I understand and agree that all information furnished in my proposed service contract and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my proposed service contract and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations, and The Company from any and all liability for any claim or damage resulting there from.

I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain an investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations.

The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect @ 1-888-520-0520. The Company will make available to you "A Summary of Your Rights under the Fair Credit Reporting Act."

# NOTIFICATION AND RELEASE - Volunteer

## City of Durham Parks and Recreation

Company ID: 11517  
Account Manager: Beverly Miller

DPR Hiring Supervisor: \_\_\_\_\_  
Service Type: \_\_\_\_\_

### PLEASE PRINT OR TYPE

List all names that you have used during the last seven- (7) years (including married, maiden, and aliases):

Name (First, Middle, Last): \_\_\_\_\_

Maiden Name or "AKA" (First, Middle, Last): \_\_\_\_\_

Dates Used (yr) from \_\_\_\_\_ to \_\_\_\_\_

Date of Birth (Month / Day / Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use extra page if necessary).

1. Street	From:
City, State, Zip, County	To:
2. Street	From:
City, State, Zip, County	To:
3. Street	From:
City, State, Zip, County	To:

I understand that all contractors must undergo a pre-service background check and that each contractor will also be screened annually.

### Contractor Signature

(REQUIRED) \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is under 18, parent or legal guardian must read and sign.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR EMPLOYER USE ONLY: Please mark (x) the searches to be conducted.</b>	
<b>Contact:</b> Barbara Richardson <b>Email:</b> <a href="mailto:brichardson@ci.durham.nc.us">brichardson@ci.durham.nc.us</a> <b>Phone:</b> 919-560-4355 x 211 <b>Fax:</b> 919-560-4873	
<input checked="" type="checkbox"/> NC Statewide Criminal Records Check <input type="checkbox"/> Other Statewide Criminal Records Check (State _____) <input type="checkbox"/> County Criminal – County of Residence <input checked="" type="checkbox"/> Sexual Offender Index Check (State _____) <input type="checkbox"/> Motor Vehicle Records <input type="checkbox"/> Social Security Verification <input type="checkbox"/> Residency History <input type="checkbox"/> Employment Verification (previous _____ employers) <input type="checkbox"/> Reference Verification (previous _____ references) <input type="checkbox"/> Education Verification (highest completed) <input type="checkbox"/> Search Maiden Name	Notes:

Fax to: 910-815-3881